



HOWARD COUNTY DEPARTMENT OF FINANCE

P.O. Box 3370

■ Ellicott City, Maryland 21041

■ 410-313-2062

Division of Property Tax Accounting

FAX 410-313-4099

TDD 410-313-2323

Enclosed you will find an application for the Trash Collection Fee Credit for the period covering July 1, 2016 through June 30, 2017. The deadline for filing this application is **September 1, 2016**. **Credit is equal to 60% of Trash Fee, 60% of Watershed Protection Fee and 100% of Bay Fee if you qualify.**

Please Note the Following:

>You must reside in the property for which refuse collection services are provided

>Proof of Income is required: No Credit will be issued without proof of income.

- First two (2) pages of your 2015 Federal Tax Return. If any other members of your household file a Federal Tax Return, they must also submit the first two pages.
- Copy of your 2015 Social Security SSA-1099 form (if applicable). If any other members of your household receive social security, copies of their SSA-1099 forms must also be submitted.
- Any 1099s or W-2 issued but not filed on Income Tax Return.

If you do not have any of the items above additional documentation will be required.

>A copy of a Government Issued Picture ID

The trash fee credit is based on household size and also on total gross household income and **not** on adjusted gross income. **The current fiscal year income levels to qualify are:**

<u>Household Size</u>	<u>Maximum Gross Income</u>
1	\$29,700.00
2	\$40,050.00
3	\$50,400.00
4	\$60,750.00
5	\$71,100.00
6	\$81,450.00

If you have more than 6 persons in your household, or have questions on how to calculate your total gross household income, call 410-313-2062 for Assistance

Mail your application and supporting documentation to:

**Howard County Department of Finance
P.O. Box 3370
Attn: Trash Fee Credit
Ellicott City, MD 21041-3370**



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**TRASH COLLECTION, WATERSHED PROTECTION FEE
ASSISTANCE and BAY FEE HARDSHIP EXEMPTION APPLICATION**

PERIOD: JULY 01, 2016 THRU JUNE 30, 2017

Please print, except where signature is required

NAME: _____
(as shown on your property tax bill)

PARCEL #: _____

ADDRESS: _____

TELEPHONE #: _____

HOMEOWNER'S GROSS INCOME \$ _____

LIST OTHER HOUSEHOLD MEMBERS:

NAME	DOB	SSN	INCOME	SOURCE
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TOTAL GROSS HOUSEHOLD INCOME (not adjusted gross income): \$ _____

Did you or will you, and/or your spouse, file a Federal Income Tax Return for 2015? Yes No

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT. I UNDERSTAND THAT MISINFORMATION OR REFUSAL TO DISCLOSE INFORMATION WHICH IS ESSENTIAL FOR A DETERMINATION OF ELIGIBILITY IS A BASIS FOR DISAPPROVAL OF MY APPLICATION. ALSO, I HEREBY AUTHORIZE THE HOWARD COUNTY DEPARTMENT OF FINANCE TO VERIFY/OBTAIN ANY INFORMATION AND DOCUMENTATION WHICH WILL ASSIST IN DETERMINING MY ELIGIBILITY FOR ASSISTANCE.

APPLICANT'S SIGNATURE

Date

Mail to:

**Howard County Department of Finance
P.O. Box 3370
Attn: Trash Fee Credit
Ellicott City, MD 21041-3370**